

EDITORIAL

VAN DIE REDAKSIE

Press Liaison Committees

We have come a long way since the Medical News Reporting Conference held in Pretoria in 1969. If we now, two years after the event, look back on what has been achieved, we must come to the conclusion that the Conference certainly produced results and paved the way towards better co-operation and understanding between the press and the medical profession. Before the Conference there was a general feeling of despondency and the pessimists predicted a total failure, mainly because the interests of the two professions are too widely dissimilar ever to allow any real understanding of the norms laid down by the doctors. Even during the Conference it at times seemed as if we were not achieving anything that could remotely be regarded as useful, and yet, during the morning session of the second day it suddenly became apparent that we were getting somewhere and when Dr L. A. P. A Munnik suggested that a Standing Committee for Medical News Reporting be inaugurated, there was general approval from the medical profession as well as from the journalists

The Standing Committee, consisting of three members of the Medical Association and three members representing the news media, as well as the Assistant Secretary (Information) of the Medical Association as observer and the Editor as convenor, after a protracted meeting, decided to recommend to Federal Council that standing subcommittees be inaugurated at Branch level to make regular contact with members of the local press, in order to iron out difficulties as they arise. As we have already reported, Federal Council gave its blessing to this recommendation and the various Branches have already appointed subcommittees accordingly.

The Assistant Secretary (Information) has been

maintaining contact with these Committees in order to be *au fait* with what they are achieving. So far the results, judging by the letters he has been receiving, have been encouraging and it is to be hoped that the closer contact with the press will be maintained in future. At this stage it would be worth while again to take a look at what we hope to achieve and how we should set about it.

The intention with the Medical News Reporting Conference was not so much to find solutions to the various vexing problems which beset the press and the medical profession as far as news is concerned, but rather to establish contact and to convince both sides that co-operation and mutual respect can only be to the benefit of the medical profession, the press and eventually the public. The goal was certainly achieved during the meeting in Pretoria and now we must take the matter further. The broad premise that closer liaison is needed has been established and the machinery to achieve it has been created—where do we go from there?

Policy as to what should appear in a newspaper or magazine is decided by the editor and the editorial board, but the day-to-day handling of news is the prerogative of the news editor and his staff of reporters, and they are therefore the people with whom contact should now be established. In order to start the ball rolling a dinner or similar function with the various editors of local papers is certainly to be recommended, but thereafter there should be regular, informal meetings between the members of the various subcommittees and the news editors and any such reporters as they wish to bring along to the discussions.

Preventive medicine has become an accepted branch of our profession and we may as well

extend the principle to other spheres of our activities. If and when urgent news items concerning medicine crop up, they will be dealt with as the occasion dictates, but in the meantime it is advisable that close personal contact with the members of the press be maintained. The price of a cup of coffee or a glass of beer at regular intervals will be money well spent, even if there appears to be nothing of immediate importance to discuss. In this way a working premise will be established which can only improve the quality and reliability of medical news items in the daily press. A reporter who knows that he will in the near future have to face, over a coffee or lunch table, senior members of the Medical Association, will have to gather all his courage to write and publish twisted accounts, and similarly, a doctor who knows that he is going to meet the journalists in question in the near future will be less inclined to

be unco-operative when approached about a medical news item.

We can no longer afford to live in enclosed ivory towers, and therefore we must ensure that when we emerge from the sanctity of our professional reticence, the preparations for the reception of our new out-going policy have been well and thoroughly made. Thus we will not have to fear that any relaxation of our natural tendency to shy away from the press will result in any unhappy news stories of which we cannot approve. The subcommittees appointed by the Branches carry a heavy responsibility in this respect and we wish to urge them to take their task seriously and to report back at regular intervals so that the Assistant Secretary (Information) will be in a position to keep the Standing Committee informed of the progress being made and any difficulties which are encountered.

Ambulansmanne

Die versorging van 'n ernstige siek pasiënt of van 'n ongeluk-slagoffer lê nie net by die dokter en die hospitaal-personeel nie. Die ambulanspersoneel wat so 'n persoon moet vervoer, is ewe verantwoordelik vir sy gesondheid of selfs sy lewe. Dit help nie om 'n noodgeval met skreeuende sirene na die hospitaal te jaag slegs om te vind dat hy by aankoms reeds dood is nie. Soms kan daar natuurlik niks aan die saak gedoen word nie, maar dit is noodsaaklik dat die ambulansmanne wat die pasiënt gaan haal ook die nodige kennis en ervaring het om lewensreddende noodbehandeling toe te pas.

'n Mens kan die feit helaas nie ontken nie dat dit dikwels gebeur dat in stede van gebiedend noodsaaklike behandeling toe te pas, die ambulanspersoneel liever die verantwoordelikheid probeer oorskuif op ander skouers deur met dolle vaart na die hospitaal te jaag. 'n Paar minute se voorversorging sal in baie gevalle egter veel meer goed doen as die senutergende wedren na die hospitaal.

Ten einde opgewasse te wees om die korrekte eerste hulp toe te pas, moet die ambulanspersoneel deeglik opgelei wees en moet die nodige apparaat voorhande wees. Ons wil nie hier uitwei oor wat in 'n ambulans teenwoordig moet wees nie—dit is 'n hele onderwerp op sy eie. Ewe min wil ons aan

die deskundiges voorskryf wat presies die onderlig van die manne moet behels. Daar is reeds boekdele oor gepubliseer en daar sal seker nog ewe veel gesê word want die hele onderwerp raak die verskaffing van nooddienste deur nie-mediese personeel—immer 'n warm patat.

Wat egter soos 'n paal bo water uitstaan is die noodsaaklikheid om die ambulansmanne 'n behoorlike salaris aan te bied sodat die beste kandidaat getrek sal word. Soos duidelik blyk uit advertensies vir ambulansposte is dit beslis nie op die oomblik die geval nie. Een munisipaliteit verlang 'n standerd 7-sertifikaat en bied dan slegs R1 860 aan as aanvangsalaris indien die kandidaat tussen 20 en 24 jaar oud is. Daar sal seker diegene wees wat aansoek doen en wat selfs werk aanvaar, maar as daar enige fut in hulle steek, sal hulle gou tot siens sê en by een of ander instansie gaan werk soek waar hulle sommer met die intrap en met presies dieselfde kwalifikasies veel meer kan verdien. Dit is nou maar een maal 'n reël in die samelewing, jy kry net die produk waarvoor jy bereid is om te betaal en ons sou graag wil seker wees dat wanneer ons ná 'n motorbotsing hospitaal toe vervoer moet word, dat die betrokke munisipaliteit nie uit suinigheid ons lewe in gevaar gestel het nie.